Action, but are listed under the § 102 (b) rejection on that same page. Applicant respectfully requests clarification as to which claims contain allowable subject matter.

Claims 1-44 are pending in the application. Claim 44 has been withdrawn from consideration by the Examiner because it "recites the step of 're-constraining' which was not claimed in the original presentation." Applicant is unaware of any rule that prohibits the addition of previously unclaimed features. If the Examiner believes that claim 44 is restrictable from pending claims 1-43, then the Examiner must provide the reasons for such a restriction. *See, e.g.*, M.P.E.P. §§ 808 and 821.03. In the absence of proper reasons for restriction, Applicant submits that the withdrawal of claim 44 from examination is improper. Accordingly, Applicant respectfully requests rejoinder and examination of claim 44.

In the Office Action, claims 1-35 were rejected under 35 U.S.C. § 102(b) over U.S. Patent No. 5,743,874 to Fischell et al. (Fischell). Applicant respectfully traverses this rejection.

Regarding claim 1, Fischell does not disclose or suggest a stent delivery system comprising, *inter alia*, "a tubular member including a first marker band proximate a position corresponding to a leading end of a self-expanding stent, a second marker band proximate a position corresponding to a trailing end of the self-expanding stent, and a third marker band between the first and second marker bands." Instead, Fischell discloses an integrated catheter including a proximal radiopaque marker 182 at a proximal end of a self-expanding stent and a distal radiopaque marker 180 at a distal end of the self-expanding stent. Fischell also discloses a radiopaque band 152 at a

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center of an interior chamber 151 of an inflatable balloon 150. The radiopaque band 152 is not between the proximal and distal radiopaque markers 180, 182.

The Examiner asserts Fischell's disclosure of "one, two, or more radiopaque markers could be used with any integrated design" anticipates the claimed relationship of marker bands. This disclosure simply teaches that more than two markers can be used with a catheter. It teaches nothing about their relative positions on the catheter. More specifically, regardless of the number of markers that FIschell discloses could be used, Fischell still does not disclose or suggest a third marker band between the leading end of the stent and the trailing end of the stent. Therefore, Fischell does not disclose or suggest a tubular member having a first marker band, a second marker band, and a third marker band between the first and second marker bands, as recited in claim 1. Accordingly, the § 102(b) rejection of claim 1 should be withdrawn.

With respect to independent claim 17, Fischell does not disclose or suggest a method for implantation of a self-expanding stent including, *inter alia*, "providing a delivery system including a self-expanding stent, a catheter having a distal end and being configured to retain the self-expanding stent proximate the distal end, and an inflatable device provided on the catheter and positioned beneath at least a portion of the self-expanding stent." To the contrary, Fischell discloses an integrated catheter having, in one embodiment, a balloon 50 axially separated from a stent 60 by a marker band 80 and, in another embodiment, a balloon 150 axially separated from a stent 160 by a radiopaque marker 182. In either embodiment, Fischell does not disclose or suggest the balloon 50, 150 positioned beneath any portion of the stent 60, 160.

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The Examiner asserts that Fischell discloses the inflatable device 50 overlapping at least a portion of the stent at column 3, lines 64+. Applicant respectfully disagrees and submits that Fischell, in fact, discloses exactly the opposite. Column 3, lines 64+ summarize an eleven step process for dilating a blockage before releasing a stent. In order the dilate a blockage with a balloon before releasing the stent, the balloon cannot be positioned beneath the stent on the catheter. If the balloon was beneath the stent, then inflation of the balloon would necessarily cause deployment of the stent. Furthermore, at column 4, lines 7-10, Fischell discloses that the inflatable balloon is situated just proximal to the proximal end of the stent containment cavity in the embodiment of FIG. 4. Thus, in the embodiment of FIG. 4, no part of the balloon is beneath the stent. Therefore, Fischell does not disclose or suggest an inflatable device provided on the catheter and positioned beneath at least a distal portion of the self-expanding stent, as recited in claim 17. Accordingly, the § 102(b) rejection of claim 17 should be withdrawn.

Regarding independent claim 29, Fischell does not disclose or suggest, *inter alia*, an inflatable device provided on the catheter, wherein at least a portion of the self-expanding stent overlaps at least a portion of the inflatable device, for reasons similar to those discussed above in connection with claim 17. Accordingly, independent claims 1, 17, and 29 define patentable subject matter.

Claims 2-16, 18-28, and 30-35 depend from either claim 1, 17, or 29, and are therefore allowable for at least the same reasons claim 1, 17, or 29 is allowable.

The Office Action contains numerous characterizations of the invention, the claims, and the related art, with which Applicant does not necessarily agree. Unless

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